

O ! P E  
Please type a plus sign (+) inside this box +

MAR 18 2004

PTO/SB/21 (8-00)

Approved for use through 10/31/2004. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>  No. Pages in this submission <i>17 + art</i>	Application Number Confirmation Number	10/688,422 2236
	Filing Date	October 16, 2003
	First Named Inventor	VOELKER, Dean E.
	Group Art Unit	3679
	Examiner Name	Not assigned
	Attorney Docket No.	VD1-3057-U

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration	<input type="checkbox"/> Drawing(s) FORMAL <input type="checkbox"/> Licensing - related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Requests	<input type="checkbox"/> Petition Petition to Convert to Provisional Application	<input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement (Form SB08 with disclosed art)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosures identify below:  *Completion of Filing Requirements; *Copy of Notice to File Missing Parts *Statement by Practitioner  *Transmittal of Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Stmt.	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Return Receipt Card <input type="checkbox"/> Remarks	

Firm or Individual  
Name      R. Reams Goodloe, Jr.      Reg. No.: 32,466

Signature      *R. Reams Goodloe Jr.*

Date      March 18, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail [express mail label ER5598811775US] in an envelope addressed to U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name:	RHONDA GOODLOE		
Signature	<i>Rhonda Goodloe</i>	Date	03/18/04